SUMMARY OF CHAPTER II AND CHAPTER XXVI FEES AND NOTIFICATION REQUIREMENTS

Home Care Agencies (Class A and B)

NOTE: This chart is provided to assist applicants with licensing issues, but is in no way intended to be a complete explanation of all license fees and/or requirements. It is the applicant's responsibility to be informed of all provisions of Chapter II (6 CCR 1011-1 - General Licensure Standards) and Chapter XXVI (6 CCR 1011-1 - Home Care Agencies). Both chapters can be viewed in their entirety at http://www.healthfacilities.info (Regulations).

ITEM	FEE	REQUIREMENT
Initial License Application		
Class A (Medical) Home Care Agency	\$3,000	Notify the Department by submitting a Letter of Intent (LOI) and an application will be mailed to you. Complete application forms, attachments and fees must be submitted at least 90 calendar days before the anticipated start-up date.
Class B (Non-Medical) Home Care Agency	\$2,200	
(Chapter II §2.4 and Chapter XXVI §5.4.1)		
Submission of Renewal Application (Class A The renewal license fee shall depend upon the type and v Medicare services. The total renewal license fee shall inc additional volume fee; Medicaid or Medicare service disc	olume of services, including consideration of Medicaid and lude the appropriate base fee and, as applicable,	
• Base Fee – Class A (Medical)	\$1,550	Must submit renewal application, attachments and fees 60 calendar days prior to
• Base Fee – Class B (Non-Medical)	\$1,325	
Additional Volume Fee: Based on annual admissions for the previous year. If the number of annual admissions is 50 or more, the agency shall add the following amount to its base renewal fee:		license expiration
• 50 – 99 admissions • 100 or more admissions	\$100 \$200	
Medicare or Medicaid Service Discount: Each agency that is currently certified to provide Medicaid or Medicare services shall deduct \$100 from its base renewal fee.		
Late Fee (Chapter II §2.6.2)	Equal to the total applicable renewal fee	Assessed if renewal application is not submitted 30 calendar days prior to license expiration
Branches and Workstations		
Branches	\$200 for each branch location	Note to December 1 and 1
Workstations	\$50 for each workstation	Notify the Department by submitting a Letter of Intent (LOI) at least 30 calendar days before the change. An application form will be mailed to you.
(Chapter XXVI §6.2 and §5.4.5)		
Application Corrections Requested by the Department (Chapter II §2.6.4)		Must respond within 14 calendar days to any written notice of application defect. Failure to accurately answer or report any of the information requested by the Department shall be considered good cause to deny the license renewal

Performance Incentive Refund (Chapter XXVI §5.4.4)	Refund paid to the provider, calculated at 10% of applicable renewal fee	Eligibility determined if the Department's onsite relicensure inspection demonstrates that applicant has no deficiencies that have, or have the potential to, negatively affect its consumers
Conditional License (Chapter II §2.9.4, §2.9.5 and §2.13)	\$1,500 in addition to the applicable initial or renewal fee. \$1,500 only if imposed during existing license term	 Must immediately comply with conditions License conditions must be posted in a conspicuous public place in the agency
Provisional License (Chapter II §2.5 and Chapter XXVI §5.4.2)	15% of applicable initial fee for each provisional license term	 Must immediately comply with conditions License conditions must be posted in a conspicuous public place in the agency
Revisit fee (Chapter XXVI §5.4.6)	100% of applicable initial or renewal fee, assessed on the second on-site inspection and each subsequent on-site inspection pertaining to the same deficiency	Processed if eligible.
 Change of Ownership Class A Agencies Class B Agencies (Chapter II §2.7 and Chapter XXVI §5.4.7) 	\$3,000 \$2,200	Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least 30 calendar days before the change of ownership. Requires prior approval by the Department. A new license will be issued.
Change to Management Company or Management Agreement (Chapter II §2.10.6)		Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least 30 calendar days before the change. Requires prior approval by the Department.
Change in License Category or Classification (Chapter II §2.10.6)	Applicable initial fee for specific license category.	Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least 30 calendar days before the change. Requires prior approval by the Department.
Change of Name (Chapter II §2.3.6, §2.10.6 and Chapter XXVI §5.4.8)	\$75 fee	Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least 30 calendar days before the change. If the Department determines that the proposed name would create confusion or misrepresentation to the public regarding the services to be provided, it may disapprove such name. Upon approval, an amended license will be issued.
Change of Address (Chapter II §2.10.6 and Chapter XXVI §5.4.8)	\$75 fee	Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least 30 calendar days before the change.
Changes to Required Information in Last Submitted License Application (Chapter II §2.10.6)		Except for operational changes that require approval from the Department, applicant must submit written notice as soon as practicable, but no later than 30 calendar days after the change becomes effective
Closure (Chapter II §2.9.7)		Notify the Department by submitting a Letter of Intent (LOI) and a closure checklist will be sent to you. At least ten (10) calendar days prior to date of closure, inform the Department in writing of specific plans for storage and retrieval of patient records and inform patients accordingly. Return original license to HFEMSD.